
ALLERGY/ANAPHYLACTIC REACTION HISTORY

Student's Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Parent/Guardian's Name: _____ Phone: _____

Provider's Name: _____ Provider's Phone: _____

Provider's Fax Number: _____ Office Use Only - Homeroom/Grade _____

According to our records, you have informed the school that your child has a history of allergic/anaphylactic reactions. Please complete the information below. This will help school staff know more about your child and his/her medical condition and the best way to protect the health and safety of your child while at school.

Check any life-threatening allergies this student has:

<input type="checkbox"/> Insect stings	List type _____	<input type="checkbox"/> Food	List type _____
<input type="checkbox"/> Animals	List type _____	<input type="checkbox"/> Other	List type _____

Indicate the signs that are usually present during an allergic reaction:

<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Very pale skin	<input type="checkbox"/> Swelling/where? _____
<input type="checkbox"/> Rash	<input type="checkbox"/> Loss of consciousness	How much? _____
<input type="checkbox"/> Nausea	<input type="checkbox"/> Difficulty swallowing	
<input type="checkbox"/> Flushed skin	<input type="checkbox"/> Other _____	

Has emergency medical treatment been needed in the past for allergies/allergic reactions? **Yes / No**

If yes, when? _____

Does the student have an EPI Pen? **Yes / No**

If you plan to have medication available at school, medication forms must be completed and signed by you and your provider (your provider **MUST** complete the Authorization for Medication Administration). This form is required before any medication can be given at school.

If signs/symptoms of a potential allergy occur at school, your child will be given basic first aid. In an emergency, your child will be transported by rescue squad to the nearest hospital as designated on the student's emergency medical form.

Please contact your child's school building if you have any questions or if your child's medical condition changes during the school year.

Parent/Guardian's Signature_____
Date